

LOSS REPORTING FORM
(FOR ALL CLAIMS REPORTED ON OR AFTER JANUARY 1, 2002)

LOCAL GOVERNMENT PROPERTY INSURANCE FUND

C/O THE ASU GROUP
7633 GANSER WAY, SUITE 206
MADISON, WI 53719-2092
FAX: (608) 821-1199
TOLL FREE FAX: (877) 832-0122

Instructions: Complete this form and mail or fax to The ASU Group. If available, attach a copy of the police report. Keep a copy of this form for your records. This form may be reproduced.

Major losses should be reported by phone. Call The ASU Group 24 hours a day at:

Phone : (608) 833-1443
Toll Free: (877) 229-0009

Complete this section:

Policy Number:		Name as it Appears on Policy:			
Contact Person (for this claim):		Phone Number:			
Fax Number:		Email Address:			
Address:		City:		State: WI	Zip Code:
Date of Loss (if unsure, use date discovered):		Time of Loss: : A.M. : P.M.	Estimated Amount of Loss (attach copy of estimate if available):		
Kind of Loss (check one): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Wind <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Vandalism (Other than Glass) <input type="checkbox"/> Water Damage</div><div><input type="checkbox"/> Damage by Vehicle <input type="checkbox"/> Collision – Vehicle <input type="checkbox"/> Comprehensive – Vehicle <input type="checkbox"/> Other – Describe</div></div>			Type of Property (check one): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Contractor <input type="checkbox"/> Equipment <input type="checkbox"/> Other – Describe</div><div><input type="checkbox"/> Property in the Open <input type="checkbox"/> Money <input type="checkbox"/> Vehicle</div></div>		
Location of Loss:					
Description of Loss and Damage:					
Remarks:					
Print Name:			Title:		
Signature:				Date:	